COMMONWEALTH OF VIRGINIA

Department of Conservation and Recreation

Attachment B **EXPLAINING THIS FORM (RED TEXT)**

Project Financial Report Form Virginia Chesapeake Bay Implementation Grant DCR Grant Agreement: 2006-WQIA-##

Federal ID # Grantee: Contact Person:	The Federal ID# is unique. This # is used by				DCR in processing payments to grantees. Invoice Payable To: Phone #:				
Mailing Address									
Project Title:									
Reporting Period:	Enter	the period of th	e rei	mbursement here;	either a	quarter or ano	ther dat	e range.	
3		eginning date)		(end date)		•		J	
Grantees mark an X			Jan	uary - March		<u>X</u>	2006		
next to the appropriate				April - June		2007			
quarter period and year.		X July - September October - December					2008		
The "Project Budget" ma DCR has approved an "A DCR Funds (Federal or S	mended								
·	•	Project		Current		Cumulative		*Unexpended	
		Budget (A)		Expenditures (B)		enditures (C.)	Proj	ect Balance (D)	
Personnel	\$	-	\$	-	\$		\$	-	
Fringe	\$		\$	-		= Previous		D = A - C	
Travel	\$	-	\$	-	Expe	enditures + B	\$	-	
Equipment	\$	4 000 00	\$	200.00	<u>*</u>	E00.00	\$	E00.00	
Supplies Contractual	\$	1,000.00 15.000.00	\$	200.00 3.000.00	\$ \$	500.00 7.000.00	\$ \$	500.00 8.000.00	
Construction	\$	15,000.00	<u>\$</u> \$	3,000.00		0 in Previous E		-,	
Other Direct	\$	<u>-</u>	\$	<u>-</u>	\$	-	\$	<u></u>	
*TOTAL	\$	16,000.00	\$	3,200.00	\$	7,500.00	\$	8,500.00	
Total Re		AL = Totals on to		3,200.00	The an		imburs	ement Request	
MATCH Funds									
	Pi	Project Match Budget		Current Match Expenditures		Cumulative Match Expenditures		*Unexpended Match Balance	
Personnel	\$	-	\$	-	\$	-	\$	-	
Fringe	\$	-	\$	-	\$	-	\$	-	
Travel	\$	-	\$	-	\$	-	\$	-	
Equipment	\$	-	\$	-	\$	-	\$	-	
Supplies	\$	-	\$	-	\$		\$	-	
Contractual	\$	-	\$	-	\$	-	\$	-	
Construction	\$	-	\$	-	\$		\$	-	
Other Direct	\$	<u> </u>	\$	-	\$		\$	-	
Indirect	\$	<u> </u>	\$	-	\$		\$	-	
*TOTAL	\$	-	\$	-	\$	-	\$	-	

The Attachment B serves as the INVOICE for a grant payment. An authorized person who can verify the expenses are accurate signs this form. The original signed Attachment B is sent to the Authorized Signature: DCR Project Manager who then forwards it on to the Richmond

Date: Office Grant Manager for processing the reimbursement request.

^{*}These cells are formulas on the electronic version of this form.